

STATE OF KANSAS

KANSAS ANIMAL HEALTH DEPARTMENT

George Teagarden, Livestock Commissioner

708 SW Jackson Topeka, Kansas 66603-3714

Phone 785/296-2326 FAX 785/296-1765

www.accesskansas.org/kahd

NAIS Premises Registration Application

Business/Farm Account Information:

Business/ Farm Name: _____

Primary Contact: _____
 First Name *Middle Name* *Last Name*

Secondary Contact*: _____
(*optional) *First Name* *Middle Name* *Last Name*

Business/Farm mailing Address: _____

City: _____ State: _____ Zip: _____ - _____ County: _____

Phone number: _____ - _____ - _____ ext: _____ (Business Home Cell Fax Pager)

Phone number: _____ - _____ - _____ ext: _____ (Business Home Cell Fax Pager)

Phone number: _____ - _____ - _____ ext: _____ (Business Home Cell Fax Pager)

Business Type*: Individual Partnership Incorporated Limited Liability Corporation
(*check one) Limited Liability Partnership Non-profit Organization

Operation Type*: Producer Unit/Farm Clinic Exhibition Laboratory Market/collection point
(* check all) non-producer Participant Port of Entry Quarantine facility Rendering
Slaughter plant Tagging site

Business Account Login information:

User Name: _____ (minimum of 8 characters)

Password: _____ (minimum of 8 characters)

E-mail address*: _____
(*for confirmation purposes only)

Producer/Contact Signature*: _____

Authorized Agent*:

(*to be completed by authorized agents only)

Agent Name: _____ Date: _____

Agent Organization: _____

(Contact information will not be sold or given out by NAIS without your prior written consent)

*COMPLETE PREMISES INFORMATION ON BACK PAGE

Premises Information:

(Primary location where livestock resides, if more than one location and animals are managed separately, apply for multiple premises ID's)

Premises name/description: _____ (example "home place", "heifer place")

Premises Address: Check if same as business/farm account mailing address

OR (if not the same as business/farm mailing address)

Premises Address: _____

City: _____ State: _____ Zip: _____ - _____ County: _____

Premises Type*: Producer Unit/Farm Clinic Exhibition Laboratory Market/collection point
(*check all) Non-producer Participant Port of Entry Quarantine Facility Rendering
Slaughter plant Tagging site

Species at Premises*: Cattle and Bison Swine Sheep Goats Horses Poultry
(*check all) Deer and Elk Llama Emu

Legal Land Description*: _____
(*required if no 911 address) Township Range Section

GEO Coordinates*: Latitude: _____ - _____ Longitude: - _____ - _____
(*Optional)

Additional Secondary Premises Information (optional):

Premises name/description: _____

Premises Address: _____

City: _____ - State: _____ Zip: _____ - _____ County: _____

Premises Type*: Producer Unit/Farm Clinic Exhibition Laboratory Market/collection point
(*check all) Non-producer Participant Port of Entry Quarantine Facility Rendering
Slaughter plant Tagging site

Species at Premises*: Cattle and Bison Swine Sheep Goats Horses Poultry
(*check all) Deer and Elk Llama Emu

Legal Land Description*: _____
(*required if no 911 address) Township Range Section

GEO Coordinates*: Latitude: _____ - _____ Longitude: - _____ - _____
(*Optional)

Return forms to: Kansas Animal Health Department, 708 SW Jackson, Topeka, KS 66603-3714
For questions, contact KAHD support: Phone: 785-296-2326 or e-Mail: tstephens@kahd.ks.gov

If you have more than two premises (animal locations) please request additional sheets